



# Implementation of the DoD/VA

## Post-Deployment Health Evaluation and Management Clinical Practice Guideline: *The Role Of Ancillary Medical Personnel*

USA MEDCOM



# Objectives

- **Define Clinical Practice Guidelines (CPGs).**
- **Discuss reasons for using CPGs in health care today.**
- **Discuss the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline.**
- **Discuss the role of ancillary medical personnel in the success of DoD/VA Post-Deployment Clinical Practice Guideline implementation.**
- **Discuss the tools and metrics that have been developed to assist in the implementation of the DoD/VA Post-Deployment Clinical Practice Guideline.**

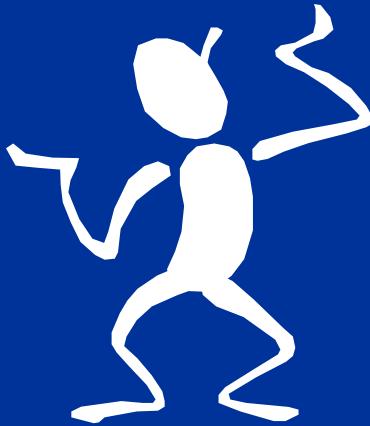


# Questions

- **What are Clinical Practice Guidelines (CPGs)?**
- **Why do we need them?**
- **How are the guidelines chosen and how do they get to us?**
- **What do I need to know about the Post-Deployment Health Evaluation and Management Guideline?**
- **What can I do to help make the DoD/VA Post-Deployment Health Evaluation and Management Guideline happen in my clinic?**
- **How can we tell how our clinic is doing?**



# What are "Clinical Practice Guidelines?"





# Practice Guidelines: What?

**“...systematically developed statements to assist practitioner and patient decisions about appropriate health care services for specific clinical circumstances.”**

Source: Institute of Medicine (1992)



# Why do we need "Clinical Practice Guidelines?"





# Clinical Practice Guidelines: Why?: Tools To . . .

- **Improve research utilization**
- **Assure the appropriate amount of care**
- **Improve resource utilization**
- **Ensure accountability**
- **Guide learning**
- **Stimulate research**
- **Prevent errors**
- ***Decrease variation and improve the quality of care***



# How are the guidelines chosen and how do they get to us?





# DoD/VA Practice Guideline Working Group: *Vision*

***“advise the DoD/VA Executive Council on the use of practice guidelines to improve the quality of health and support population health management across the Veterans’ Healthcare Administration and Military Health Systems.”***



# DoD/VA Practice Guideline Working Group Charter

- *Provider adaptation of already developed guidelines*
- *Provider selection of process and outcome metrics*
- *Organization-specific implementation*
- *Metric-based benchmarking of organizations*
- *Integration of prevention, pharmaceutical and informatics efforts*



# DOD/VA Guideline Life Cycle

- **Selection \***
- **Adaptation \***
- **Metric Selection \***
- **Tool Kit Development \*\***
- **Dissemination \*\***
- **Implementation \*\*\***
- **Metric Measurement/Data Collection \*\*\***
- **Maintenance \***
- **Automation \*\*\*** \* DOD/VA Clinical Practice Guideline Working Group responsibility  
\*\* USA MEDCOM, USACHPPM, VHA EES responsibility  
\*\*\* Organization-Specific (VHA, DoD, DoD organization)



# Guideline Plan

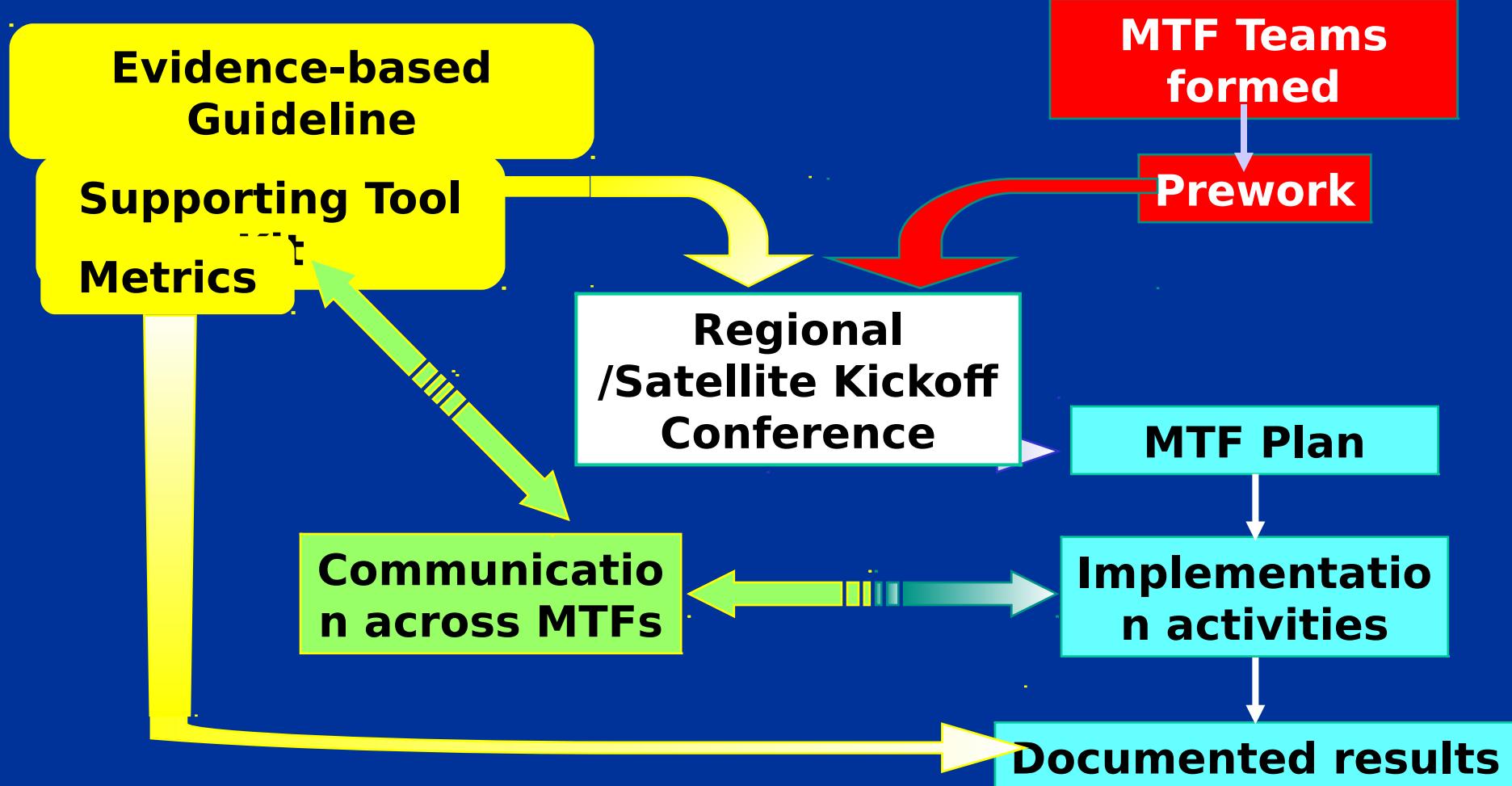
## Army's Projected System-wide

### Implementation Plan

- **Low Back Pain Feb 00**
- **Asthma Sept 00**
- **Diabetes Jan 01**
- **Tobacco Use Cessation Sept 01**
- **Post-Deployment Jan 02**
- **Depression Sep 02**
- **Uncomplicated Pregnancy Oct 02?**
- **Cardiovascular Disease Jan 03?**
  - *HTN, Hyperlipidemia Ischemic Heart Disease*



# Overview of Implementation Approach





What do I need to know about  
the DoD/VA Post-Deployment  
Health Evaluation and  
Management (PDH) Guideline?





# PDH CPG Ancillary Healthcare Team Member Responsibilities: *Know the Rationale for the PDH CPG*

- The Institute of Medicine (IOM) recommended that to improve our care of deployment related concerns, the focus of the evaluation and care of deployment related health concerns of our forces and their family members needs to be at the primary care-level.
- To assist in primary care focused management of post-deployment health, the IOM recommended the development of a clinical practice guideline for the primary care provider.



# PDH CPG Ancillary Healthcare Team Member Responsibilities: *Know the Rationale for the PDH CPG*

- **The Post-Deployment Health Evaluation and Management guideline addresses the need for screening, assessing, evaluating, and treating the post-deployment population, enhancing the ability of health care providers to identify, communicate with, and manage patients with deployment health concerns.**



# PDH CPG Ancillary Healthcare Team Member Responsibilities: *Know PDH Key Elements*

1. Identify if health concern prompting today's clinic visit are related to a past deployment:
  - Ask screening question: *Deployment related? Yes / No / Maybe.*
  - Establish partnership with patient (Principles of risk communication).
  - Evaluate patient and research exposures.
  - Document post-deployment concern in chart and ADS.
  - After visit, research exposure/concern; consult [www.PDHealth.mil](http://www.PDHealth.mil).



# PDH CPG Ancillary Healthcare Team Member Responsibilities:

## ***Know PDH Key Elements***

2. **Triage patients and seek to reach a working diagnosis on *follow-up visits*.**
  - Perform evaluation of history, ancillary tests, assessments, records.
  - Identify the type of patient's problem:
    - ***Asymptomatic Concerned***
    - ***Established Diagnosis***
    - ***Medically Unexplained Physical Symptoms***
  - Document in chart and ADS.



# PDH CPG Ancillary Healthcare Team Member Responsibilities: *Know PDH Key Elements*

### 3. Manage *asymptomatic patients with health concerns*

- **Provide reassurance & education (risk communication).**
- **If concern persists, re-evaluate and consider consults.**
- **Document in chart and ADS.**



# PDH CPG Ancillary Healthcare Team Member Responsibilities: *Know PDH Key Elements*

## 4. **Manage patients with established diagnoses**

- **Treat under relevant disease management guideline.**
- **Provide patient education.**
- **Collaborate with DHCC as indicated.**
- **Follow-up with patient per disease-specific guideline or as appropriate.**
- **Document diagnosis in chart and ADS.**



# PDH CPG Ancillary Healthcare Team Member Responsibilities: *Know PDH Key Elements*

## 5. **Manage patients with unexplained symptoms**

- **Re-evaluate; consult with colleagues.**
- **Reinforce patient-clinician relationship.**
- **Provide information about unexplained symptoms.**
- **If acute or progressive symptoms, conduct further studies as appropriate.**
- **Consider collaboration with the DoD Deployment Health Clinical Center (DHCC) via phone, e-mail.**
- **Follow-up with patient as indicated.**
- **Monitor changes in status.**
- **Document diagnosis in chart and ADS.**



What can I do to help make  
the VA/DoD Post-Deployment  
Guideline happen in my  
clinic?





# PDH CPG Ancillary Team Member Responsibilities: *Identify PDH Concerns*

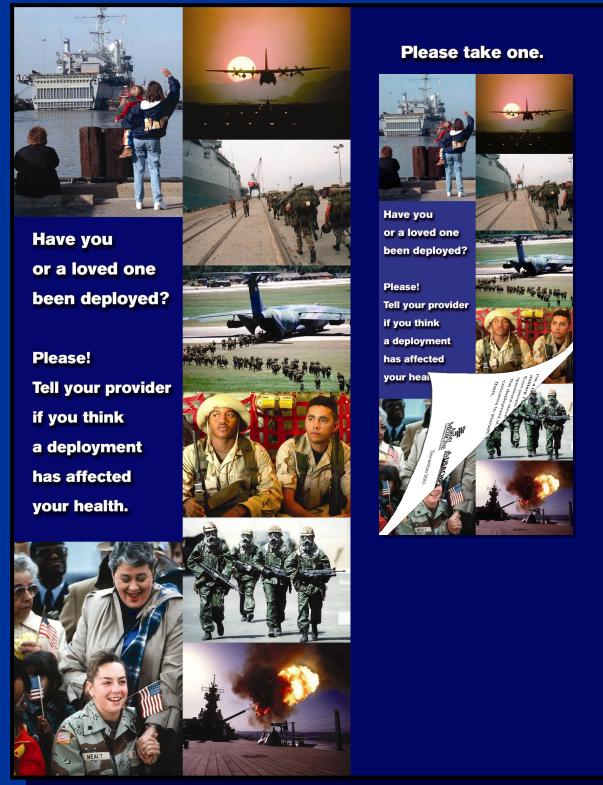
- Ask all patients at every visit the Post-Deployment screening question:  
*Deployment related? Yes / No / Maybe.*
- To facilitate documentation that it is being done, the PDH question should be on vital signs stamps and automated SF600s and SF600 overprints.
  - IF the PDH question is not currently on your SF600 stamp an SF600 vital signs/PDH questions stamp is included in the tool kit.
  - or, IF your automated SF600 does not have the PDH question, instructions for integrating the question into your automated SF600 is included in the tool kit.



# PDH CPG Ancillary Team Member Responsibilities: *Identify PDH Concerns*



- To facilitate asking the PDH question, PDH brochures should be placed in your clinic.
- Brochures are contained in the tool kit.
- Additional brochures may be ordered from the website:  
[www.cs.amedd.army.mil/](http://www.cs.amedd.army.mil/)



***Is the health concern that causes you to seek care today related to a deployment?***

***Why do we ask you this?***

You will be asked this question each time you come for care, no matter if you are active duty, retired, family member, or veteran. We ask you this so we can find and track these health issues early. That way we can take steps to protect you and others with similar concerns. **Please!** Tell your provider if you think a deployment has affected your health so we can protect you and others. **If no one asks you,** politely remind your provider to ask!

***What is a deployment?***

Some examples of deployment are:  
Military liaison and training support  
Humanitarian assistance  
Low-intensity conflict  
Combat or war

***I'm a family member of someone in the military. I don't deploy. Why ask me?***

Even people who do not deploy have health questions about deployment or may be affected by the deployment of a loved one. Don't keep those concerns to yourself! We are here to help you with them.



December 2001



# PDH CPG Ancillary Team Member Responsibilities: *Identify PDH Concerns*

- To facilitate asking the PDH question, a PDH poster should be placed in your clinic.
- Posters are contained in the tool kit.
- Additional posters may be ordered from the website:

[www.cs.amedd.army.mil/  
Qmo](http://www.cs.amedd.army.mil/Qmo)





# PDH CPG Ancillary Team Member Responsibilities: *Identify PDH Concerns*

- To facilitate asking the PDH question, PDH wallet cards should be placed in your clinic and provided to units and activities that your MTF/clinic supports.
- Wallet cards are contained in the tool kit.
- Additional wallet cards may be ordered from the website:  
**www.cs.amedd.army.mil**  
**Qmo**



**DoD Deployment Health Card**

---

*Is your condition due to deployment?*

You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran. We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.

Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.

**Steps to Getting Deployment Related Help**

---

**STEP 1** Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.

**Primary Care**

---

**STEP 2** If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.

**Referral**

---

**STEP 3** If symptoms persist or your health does not improve, referral to another specialist may be necessary.



# PDH CPG Ancillary Team Member Responsibilities: *Identify PDH Concerns*

- To facilitate asking the PDH screening question, a PDH Health Concern Information card has been developed.
- To assist screening personnel place these cards (available in your tool kit) at all vital signs stations in your clinic

## Deployment Health Concerns Information Card

### *How to ask the question: "Is your problem today related to a deployment?"*

Focus only on the chief complaint rather than on whether a person has **any** deployment-related complaints unrelated to today's visit.

**Deployment is not necessary for a patient to have deployment-related health concerns.**

- For example, a spouse or child may have a concern related to the sponsor's recent deployment. Others may have questions about deployments.
- Ask this question whether the patient is active duty, retired, family member, veteran, deployed or non-deployed.

### *How to respond to patient questions.*

"What do you mean?" or "What do you mean, deployment-related?" The goal is to record the patient's perception of deployment-relatedness rather than your own.

- To help the patient answer, you might ask if the patient or a loved one has been deployed. If so, is today's visit related to that deployment.
- You may also review an example or two of a deployment-related concern or condition (see below).
- Remember this is not an exhaustive list, but simply a few examples.

"What is a deployment?" Avoid reviewing any narrow definitions of deployment for the patient. Instead, offer two or three examples of deployments (see below). Then return to the main question: "Do you feel your health concern today is related to a deployment?"

"I don't know if it is deployment-related." Mark the "maybe" response. Consider reviewing an example of a deployment-related concern or condition (see below).

- When in doubt, always focus on the concern rather than the deployment.

### *Examples of deployments include:*

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

### *Examples within the US include:*

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Drug interdiction

### *Examples of concerns or conditions that are deployment-related include:*

- A man twists his ankle on deployment and the injury lasts even after returning home.
- A woman comes to give blood, but wants to know if she can give blood after being deployed.
- Although not deployed, a man is concerned about the effects of a pre-deployment vaccine.
- Spouse complains of a rash after washing clothes worn by member while deployed.
- After eating food while deployed, a man gets food poisoning.
- While deployed, a woman suffers a toxic exposure and later gets sick from it.
- Spouse complains that her child is having nightmares since member returned from combat.





# PDH CPG Ancillary Team Member Responsibilities:

## *Support PDH Concern Diagnosis & Management*

- **Use the PDH Documentation form\*, DoD form 2844, for PDH visit documentation.**
  - **Have patient complete "Patient Section" of 2844.**
  - **Place the DD 2844, in the patients medical record.**
- **DD Form 2844 is contained in the tool kit and downloadable from [www.PDHealth.mil](http://www.PDHealth.mil) and [www.cs.amedd.army.mil/Qmo](http://www.cs.amedd.army.mil/Qmo) websites**

\* Dependent upon specific clinic processes and forms being used



# DD Form 2844

SECTION B - MEDICAL HISTORY, ASSESSMENT, MANAGEMENT, AND TREATMENT (Completed by Health Care Provider)					
PART A - HISTORY OF PRESENT ILLNESS					
20. CURRENT OR PATIENT IDENTIFIED SYMPTOMS AND DISEASES EXTRACTED FROM TREATY FORM					
PART B - PHYSICAL EXAM					
21. RECORD SIGNIFICANT FINDINGS					
22. REVIEW OF LAB AND STAIN TESTS PERFORMED FROM PREVIOUS VISIT					
23. REVIEW OF PATIENT FOLLOW-UP HISTORY (As applicable) (Not to be done on the same day as the initial visit)					
<input checked="" type="checkbox"/> PREG <input type="checkbox"/> PCL <input type="checkbox"/> M-DC <input type="checkbox"/> OTHER					
PART C - TREATMENT					
<input checked="" type="checkbox"/> As applicable (Not to be done on the same day as the initial visit) <input type="checkbox"/> Previous visit					
<input checked="" type="checkbox"/> ASYMPTOMATIC <input type="checkbox"/> EXPLAINED SYMPTOMS <input type="checkbox"/> UNEXPLAINED PHYSICAL SYMPTOMS <input type="checkbox"/> SYMPTOMS WITH DISEASES <input checked="" type="checkbox"/> ASSOCIATED ICDS CODE(S) <input type="checkbox"/> ASSOCIATED ICD-10 CODE(S) <input type="checkbox"/> UNLISTED ICD-10 CODE(S)					
PART D - TREATMENT PLAN					
24. MEDICATIONS			25. ASSESSMENT		
<input type="checkbox"/> ASSESSMENT <input type="checkbox"/> TREATMENT <input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER			<input type="checkbox"/> ASSESSMENT <input type="checkbox"/> TREATMENT <input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER		
26. CLINICAL RISK COMMUNICATION (As applicable)					
<input checked="" type="checkbox"/> IMPROVING COMMUNICATION <input type="checkbox"/> STABLE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/> COMMUNICATE INFORMATION <input type="checkbox"/> <input checked="" type="checkbox"/> ASKED FOR CLINICAL DECISION <input type="checkbox"/> (As applicable) <input checked="" type="checkbox"/> COLLABORATIVE TREATMENT PLAN <input type="checkbox"/> TREATMENT PLAN					
27. LABS (As applicable)					
<input checked="" type="checkbox"/> ELECTROLYTES <input type="checkbox"/> BUN <input type="checkbox"/> CR <input type="checkbox"/> GLUCOSE <input type="checkbox"/> UROBILIN <input type="checkbox"/> BUN/CR <input type="checkbox"/> PROTEIN TEST <input type="checkbox"/> OTHER					
PART E - REFERRAL					
28. TO (As applicable)					
<input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER					
PART F - FOLLOW-UP APPOINTMENT					
29. NEXT APPOINTMENT					
<input checked="" type="checkbox"/> HOME <input type="checkbox"/> 1-3 WEEKS		<input type="checkbox"/> WEEKS <input type="checkbox"/> 4-12 WEEKS		<input type="checkbox"/> MONTHS <input type="checkbox"/> OTHER	
30. STATUS					
<input checked="" type="checkbox"/> FULL STATUS <input type="checkbox"/> MINIMUM		<input type="checkbox"/> MINIMUM <input type="checkbox"/> FULL STATUS		<input type="checkbox"/> CLARIFIED <input type="checkbox"/> OTHER	
31. NOTES					



# PDH CPG Ancillary Team Member Responsibilities:

## *Support PDH Concern Diagnosis & Management*

- To facilitate provider PDH concern management, place the PDH Provider Exam Room Cards in each provider's exam room or office.
- Exam room cards should be placed on the metal rings with other guideline exam cards.
- Exam room cards and metal rings are contained in the tool kit.





# PDH CPG Ancillary Team Member Responsibilities:

## *Support PDH Concern Diagnosis & Management*

- Exam room cards contain consult and risk communication information, as well as guideline key element, and coding information.

**DoD Deployment Health Clinical Center  
CONSULT INFORMATION**

**Toll Free:** 1 (866) 559-1627  
**Phone:** (202) 782-6563  
**DSN:** 662-6563  
**Fax:** (202) 782-3539

**Website:** [www.PDHealth.mil](http://www.PDHealth.mil)  
**E-mail:** [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)

**ENVITE**  
*Caring for Patients with Post-Deployment Health Concerns*

**Empathy:** Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.

**Non-confrontational:** Subordinate the need to be "right" to the obligation to relieve suffering. Never argue.

**Validate:** Validate the patient's decision to seek care.

**Inform:** Offer data followed by a short "sound bite" that addresses patient specific concerns.

**Take Action:** Describe options. Schedule a follow-up. Refer to [www.PDHealth.mil](http://www.PDHealth.mil). Consider consultation or second opinion.

**Enlist Cooperation:** Negotiate an action plan with the patient rather than imposing one on him or her.

DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guidelines—December 2001  
DoD/VA Websites: <http://www.pdhealth.mil>  
<http://www.cs.amedd.army.mil/qno>  
<http://www.oqmed.va.gov/cpg/cpg.asp>



# PDH CPG Ancillary Team Member Responsibilities:

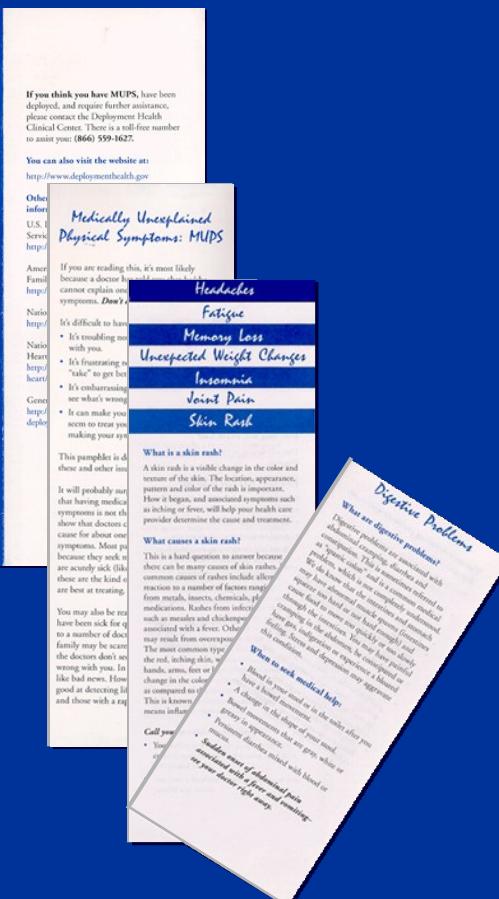
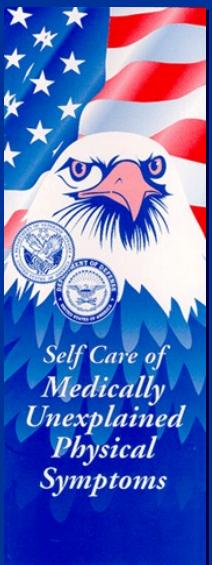
## *Support PDH Concern Diagnosis & Management*

- To facilitate provider PDH concern diagnosis and management, bookmark the Deployment Health Clinical Center website on all computers: **www.PDHealth.mil**

The screenshot shows the homepage of PDHealth.mil. At the top, the URL 'PDHealth.mil' is displayed in a green, stylized font. Below it is the official seal of the Department of Defense. To the right, a sidebar titled 'DoD Post-Deployment Health' lists several links: 'For Clinicians', 'For Veterans & Families', 'About this Site', 'Education & Training', 'Related Sites/Links', 'Glossary & Acronyms', 'Guidelines', and 'Guideline Broadcast'. A welcome message at the bottom of the sidebar reads: 'Welcome to Department of Defense Post-Deployment Health. Place your cursor over a button for more information on that section.' At the very bottom of the page, there is a footer with links: 'Contact DHCC | Privacy & Security | Site Map | Help&FAQs | Disclaimer'.



# DH CPG Ancillary Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*



- To facilitate provider education of patients with PDH concerns, ensure ready availability of patient brochures.
- Patient brochures are available from the MEDCOM website:

**www.cs.amed.d.army.mil/  
Qmo**



# PDH CPG Ancillary Team Member Responsibilities:

## *Support PDH Concern Diagnosis & Management*

- Make sure PDH visits are appropriately "coded" to ensure that your clinic gets credit for provider and ancillary staff workload related to PDH visits.
- Use V70.5 \_ 6, V65.5, and \_ 799.8 diagnostic codes as appropriate

### Post-Deployment Health Concerns ICD - 9 - CM Codes

AT EACH POST-DEPLOYMENT VISIT (Primary or Specialty Care) at least two ICD-9-CM codes must be assigned.

#### *The Primary ICD-9-CM Code(s) for the...*

Patient with **Asymptomatic Concern** is V65.5

Patient with a **Specific Diagnosis or Symptom(s)** that he/she believes is deployment related is that **diagnosis or symptom code**, e.g., sprained ankle, poison ivy, headaches, constipation, etc.

Patient with **Medically Unexplained Physical Symptoms** is 799.8 (used only after several visits and appropriate diagnostic evaluation reveals no specific diagnosis for a chronic condition)

***ALL Deployment Related Visits*** should additionally have the following code listed: **V70.5 \_ 6, Deployment Related Visit.**

Type of Patient	Example	Primary Code	Secondary Code
Asymptomatic Concerned, Deployment Related	35 y/o G.P., wife of active duty armored soldier requests information about exposure to depleted uranium. She has no symptoms that concern her, but she has read about depleted uranium in a magazine and asked questions at last week's visit for pregnancy. The reason she is seeking care now is that she was instructed then to make a follow-up visit to give her PCM time to research this issue.	V65.5	V70.5 <u>_</u> 6
Symptoms, Deployment Related	Mother of a 13 y/o girl brings child in for significant weight loss since the winter school holiday. Upon questioning, it is noted that the child's father was deployed to Bosnia, returning a month ago. The child's mother notes this concern may be related to the father being away.	783.2 (abnormal loss of weight)	V70.5 <u>_</u> 6
Diagnosis, Deployment Related	23 y/o Marine reported to sick call for a poison ivy rash that developed after the last FTX in the field a few days ago.	692.6 (contact dermatitis due to plants)	V70.5 <u>_</u> 6
Medically Unexplained Physical Symptoms, Deployment Related	49 y/o retired E-8 has been evaluated by you over the last 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states that he thinks he was exposed to something in Kuwait on a mission 2 years ago. Your work-up to date is complete but negative.	799.8 (other ill-defined conditions and unknown causes of morbidity)	V70.5 <u>_</u> 6



How can we tell how  
well our clinic is doing  
in implementing the  
DoD/VA PDH  
Guideline?





# PDH CPG Ancillary Team Member Responsibilities:

***Know how your clinic is doing on  
the identified PDH CPG Targets***

## **Proposed Post-Deployment Health Evaluation and Management Metrics**

Patient satisfaction with care received for post-deployment concerns.

Adequacy of information and resources for patient management with post-deployment concerns.

Percentage of personnel evaluated after post-deployment health assessment referral. (DD Form-2796)

Improvement in functional status within 6 months of an initial evaluation.



# PDH CPG Ancillary Team Member Responsibilities:

***Know how your clinic is doing on the identified PDH CPG Targets***

- Conduct chart audits to determine if your clinic is "hitting" the PDH CPG targets.
- Check a certain number of charts every month to determine if patient PDH concerns are being assessed and if appropriate management is being performed on patients who screen positive for PDH concerns.

POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE AUDIT TOOL PD-CPG		
Date(s) of Audited Visits: _____		
Policy for this clinic regarding use of DD 2488, The Form is: _____ Optional _____ Used on every deployment-related visit _____ Used on every deployment-related visit following the initial visit _____ Used only for complex deployment-related cases		
Yes	No	N/A
Please check appropriate box for each question based on chart documentation		
For all Charts:		
<input type="checkbox"/>	<input type="checkbox"/>	PD-CPG stamp, overprint, or preprinted SF600 was used for PD screening and documentation
<input type="checkbox"/>	<input type="checkbox"/>	Screening question regarding deployment-related health concern was marked
<input type="checkbox"/>	<input type="checkbox"/>	Deployment-related concern was recorded at the time of screening
For all Charts marked "yes" or "maybe" for deployment-related concern(s):		
<input type="checkbox"/>	<input type="checkbox"/>	DD 2488 was inserted into the chart IAW clinic policy
<input type="checkbox"/>	<input type="checkbox"/>	DD 2488 was completed by patient
<input type="checkbox"/>	<input type="checkbox"/>	DD 2488 was completed by provider
<input type="checkbox"/>	<input type="checkbox"/>	Deployment-related concern was addressed by provider
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis was appropriate for deployment-related visit history _____ Asymptomatic Concerned _____ Deployment-related specific symptom or diagnosis _____ Medically Unexplained Physical Symptoms (MUPS) used after several visits revealed no other definitive diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Clinical risk communication procedures were noted _____ Validation of patient's decision to seek care _____ Patient education/information regarding deployment-related concern
<input type="checkbox"/>	<input type="checkbox"/>	Treatment options and referral sources were discussed
<input type="checkbox"/>	<input type="checkbox"/>	Patient's collaboration and agreement/response with treatment plan was noted
<input type="checkbox"/>	<input type="checkbox"/>	Follow-up appointment was considered and recommended
<input type="checkbox"/>	<input type="checkbox"/>	Deployment-related concern was added to problem list
Notes:		
Reviewed by: _____ Date of Review: _____		



# PDH CPG



## Team Member Responsibilities: *Know how your clinic is doing on the identified PDH CPG Targets*

- Appropriate management of patients who screen positive for PDH concerns can be tracked by having your medical records or CHCS personnel identify visits which have been coded with V70.6\_5 and then pulling those records to assess follow-up.

POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE AUDIT TOOL PD-CPG		
Date(s) of Audited Visits: _____		
Policy for this clinic regarding use of DD 2488, The Form is: Optional <input type="checkbox"/> Used on every deployment-related visit <input type="checkbox"/> Used on every deployment-related visit following the initial visit <input type="checkbox"/> Used only for complex deployment-related cases		
Yes	No	N/A
Please check appropriate box for each question based on chart documentation		
For all Charts:		
<input type="checkbox"/>	<input type="checkbox"/>	PD-CPG stamp, overprint, or preprinted SF 600 was used for PD screening and documentation
<input type="checkbox"/>	<input type="checkbox"/>	Screening question regarding deployment-related health concern was marked
<input type="checkbox"/>	<input type="checkbox"/>	Deployment-related concern was recorded at the time of screening
For all Charts marked "yes" or "maybe" for deployment-related concern(s):		
<input type="checkbox"/>	<input type="checkbox"/>	DD 2488 was inserted into the chart IAW clinic policy
<input type="checkbox"/>	<input type="checkbox"/>	DD 2488 was completed by patient
<input type="checkbox"/>	<input type="checkbox"/>	DD 2488 was completed by provider
<input type="checkbox"/>	<input type="checkbox"/>	Deployment-related concern was addressed by provider
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis was appropriate for deployment-related visit history <input type="checkbox"/> Asymptomatic Concerned <input type="checkbox"/> Deployment-related specific symptom or diagnosis <input type="checkbox"/> Medically Unexplained Physical Symptoms (MUPPS) used after several visits revealed no other definitive diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Clinical risk communication procedures were noted <input type="checkbox"/> Validation of patient's decision to seek care <input type="checkbox"/> Patient educator/information regarding deployment-related concern
<input type="checkbox"/>	<input type="checkbox"/>	Treatment options and referral sources were discussed
<input type="checkbox"/>	<input type="checkbox"/>	Patient's collaboration and agreement/response with treatment plan was noted
<input type="checkbox"/>	<input type="checkbox"/>	Follow-up appointment was considered and recommended
<input type="checkbox"/>	<input type="checkbox"/>	Deployment-related concern was added to problem list
Notes:		
Reviewed by: _____		Date of Review: _____



# PDH CPG



## Team Member Responsibilities: *Support PDH Concern Diagnosis & Management*

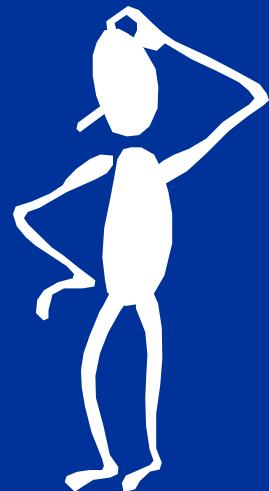
- PDH follow-up visits:**
  - are routine appointments.
  - should be 30 minutes in length.
  - are an “RPD” type of appointment.
    - information regarding detail codes can be found at: <http://www.tricare.osd.mil/tai/cguide.htm>

RPD	Readiness Post Deployment	<p>Readiness Post-Deployment: Reserved for patients who are seeking care for potentially deployment related experiences or exposures and for patients who are experiencing health concerns which they relate to a deployment, e.g., family members of recently deployed personnel. Patients may be referred to care during screening for deployment or after deployment following a PCM evaluation.</p> <p>Should be a 30 minute appointment. May be booked as ACUT, ROUT, or WELL appointment types.</p>
-----	---------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- This information needs to be communicated to your appointment clerks/services.**



# How do we implement the DoD/VA Post- Deployment Guideline?





# Clinical Practice Guidelines (CPGs) : Implementation

- The most challenging step in the guideline process
- Clinic-system, not provider, focused
- Team-oriented



# PDH CPG Ancillary Team Member Responsibilities:

***Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management***

- ***Be a part of your clinic's PDH CPG implementation team OR provide feedback and suggestions on your clinic's PDH implementation plan.***



# PDH CPG Ancillary Team Member Responsibilities:

***Be a Part of Your Clinic's PDH CPG Team***

- **Identify gaps between the guideline and your current practice**
- **Once a problem has been identified**
  - Plan your approach to solving the problem
  - Do implement your plan
  - Study your results
  - Act to improve the results or maintain the improvement



# PDH CPG Ancillary Team Member Responsibilities:

## *Be a Part of Your Clinic's PDH CPG Team*

ARROYO CENTER CENTER FOR MILITARY HEALTH POLICY RESEARCH

### Putting Practice Guidelines to Work in the Department of Defense Medical System

*A Guide for Action*

Will Nicholas  
Donna O. Farley  
Mary E. Vaiana  
Shan Cretin

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION  
Guideline: Post-Deployment Evaluation and Management

Action #&E...	Lead	Other Staff	Start	Complete
Action #&E...	Lead	Other Staff		
Action #&E...	Lead	Other Staff		
Action #&E...	Lead	Other Staff		
Action #&E...	Lead	Other Staff		

- Use the AMEDD/RAND Implementing Clinical Practice Guidelines in the Department of Defense and Team Worksheets (both contained in the tool kit binder) to guide your PDH CPG Implementation Team's efforts.



# The Current TUC Process

## In Our Clinic:

***Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management***

- Check-In
- Vital Signs
- Education
- Check-Out



# Receptionist Responsibilities:

*Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management*

- Insert your clinic's personnel-specific responsibilities here



# Tech/Aide Responsibilities:

*Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management*

- Insert your clinic's personnel-specific responsibilities here



# Nurse Responsibilities:

*Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management*

- Insert your clinic's personnel-specific responsibilities here



# Clinic Manager Responsibilities:

***Identify PDH Concerns,  
Support PDH Concern Diagnosis &  
Management***

- Insert your clinic's personnel-specific responsibilities here



# Post-Deployment Guideline Toolkit



# Where Do I Obtain and Reorder PDH Tools and Materials?

- **Deployment Health Clinical Center website:**
  - <http://www.PDHealth.mil>
- **AMEDD web site**
  - <http://www.cs.amedd.army.mil/Qmo>
  - **Links to VA, AF, Navy POC's for tool kit reordering**
- **VA web site for guideline information**
  - <http://www.oqp.med.va.gov/cpg>



# Ancillary Staff CPG Implementation Issues

- **CPG-related duties sometimes seen as additional duties with no additional time and not enough training:**
  - Asking screening questions
  - Documenting laboratory and respiratory data on forms
  - Placing forms into chart for providers
  - Providing educational materials to patient



# Ancillary Staff CPG Implementation Issues

- **Printing of educational booklets when no budget to support**
  - Can order for free from  
**[www.cs.amedd.army.mil/Qmo](http://www.cs.amedd.army.mil/Qmo)** website
- **Dealing with patient reaction to asking screening questions**



# Ancillary Staff CPG Implementation Issues

- Limited medical and dental ancillary staff support in some clinics.
- Implementation of new CPG every 6 months.



**“Make the **BEST** way**

**the **EASIEST** way**

**through**

**TEAM EFFORT”**



# QUESTIONS?

